JOHN MUIR MEDICAL CENTER

1601 Ygnacio Valley Road • Walnut Creek, California 94598-3194 • (510) 939-3000

November 20, 1995

David Werdegar, MD, MPH
Director
Office of Statewide Health Planning and Development
Room 400
1600 9th Street
Sacramento, California 95814

Dear Dr. Werdegar:

While John Muir Medical Center (JMMC) has received a 'not significantly different than expected' rating for AMI's, we believe that this rating does not reflect the superior quality of care provided by our institution. Following a thorough administrative and medical review of the JMMC data set provided by OSHPD, we have recalculated our outcome rate (yours is in error: attachment 'A') and have revised our 1995 rating profile as follows:

	AMI	
	A	B
OSHPD Reported	☐	☐
JMMC Revised	☆	☆

- ***6 Observed Deaths are incorrectly attributed to JMMC:***

  Incorrect assignment of transfers from other short term acute facilities [2 Records] - The record linkage process using patient social security numbers in which OSHPD attempted to link all AMI cases with the 'originating hospital' **failed to correctly identify two (2) AMI's that were transferred to JMMC from two (2) neighboring hospitals.**

  Failure to exclude patients admitted from skilled nursing facilities [4 records] - An administrative record review revealed four(4) deaths included in JMMC's reported 'observed deaths' that were admitted from skilled nursing facilities; these records should have been excluded.

With these corrections, John Muir receives a "☆" rating.

OTHER CONCERNS

The above exceptions provide a framework for a broader set of concerns that we continue to have regarding the Hospital Outcomes Project. We urge OSHPD to consider the following recommendations and observations in moving forward with this project.

- **Edit Period...** As part of the current 60 day comment period, an opportunity should be provided for each hospital to review the OSHPD derived data file in order to identify and correct technical errors. During this edit period, hospitals would be allowed to verify key administrative/clinical data elements that affect inclusion or exclusion of records (ST Acute Transfer, SNF admission, etc.). The corrected data would be submitted to OSHPD and used to produce a 'clean' final data set.

- **Sensitivity of 0.01 'P' Factor...** The 0.01 sensitivity factor is too strict. Consideration should be given to the development of a tiered rating system using multiple 'P' factors. Recommended levels are 0.01 and 0.05. A tiered rating scheme will provide more meaningful information enhancing the value and purpose of the study:

  1. A .05 statistical significance level will identify a larger and more meaningful profile of hospitals performing above the 'expected' level. One can argue that while there is concern to define significantly 'better than expected/worse than expected' so strictly, there can be an equal concern with regards to defining 'no better/no worse' so broadly; i.e. are 98% of California hospitals truly 'no better/no worse' ?

  2. .01 can be interpreted as an anomaly for an isolated one year period and not indicative of a pattern of quality of care over several periods/years of reported outcomes data.

  3. Levels the playing field for small vs. large "n" hospitals. Hospitals with smaller case loads who statistically cannot achieve a 0.01 statistical significance level may be comparable at a 0.05 level.

- **Concurrent Validation Study...** Results of a concurrent validation study should be presented along with the larger administrative data only study results. The current mode of releasing validation study results months after the larger study has been issued, is of little value.

- **Clarify the definition of ☑ in the table *Legend*...** This should be more correctly defined as "No adverse outcomes, number of cases too small to test for statistical significance."

- **Coding and timing of co-morbidities/complications...** It is impossible under existing ICD-9-CM coding practices to distinguish between co-morbidities/complications present at admission, versus those that may be contracted during hospitalization. **While we are encouraged that OSHPD is evaluating the modification of data submission starting in 1/1/97 and forward, we remain concerned over the reports that will be issued subsequent to this current release covering the periods up to 1/1/97.**

We appreciate this opportunity to contribute our thoughts towards OSHPD's Hospital Outcomes Project, and look forward to continuing to work jointly toward the creation of meaningful outcomes data in the future.

Sincerely

Janiece S. Nolan, PhD.
Chief Operating Officer

JSN/ks

OSHPD... OUTCOMES 1994

REVISED JOHN MUIR MEDICAL CENTER RESULTS

	OSHPD DERIVED	JMMC REVISED *
AMI MODEL A		
Number of Cases Included	365	359
Number of Observed Outcomes	38	32
Predicted Observed Outcomes	49.4	---
Observed Outcome Rate	10.4%	8.9%
Predicted Outcome Rate	13.5%	---
AMI MODEL B		
Number of Cases Included	365	359
Number of Observed Outcomes	38	32
Predicted Observed Outcomes	46.5	---
Observed Outcome Rate	10.4%	8.9%
Predicted Outcome Rate	12.7%	---

* Deleting 6 observed deaths incorrectly attributed to JMMC

Attachment A